

Your Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without a Lawyer) OR
☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

_____ ☐ an Adult or ☐ a Minor

STATE OF ARIZONA)
 County of Maricopa) ss.

Case Number: PB _____

WAIVER OF NOTICE OF HEARING ON PETITION REGARDING

(Check one box)

- ☐ Guardianship and Conservatorship
☐ Guardianship
☐ Conservatorship
☐ Accounting

I state under oath the following:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)

<input type="checkbox"/> <i>"Petition for Permanent Appointment of Guardianship, Conservator or Both"</i> <input type="checkbox"/> <i>"Petition for Guardianship/Conservatorship"</i> <input type="checkbox"/> <i>"Consent of Parent to Guardianship, Conservatorship, or Both"</i>	<input type="checkbox"/> <i>"Affidavit of Person to be Appointed"</i> <input type="checkbox"/> <i>"Petition for Approval of Accounting"</i>
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2. **RELATIONSHIP:** My relationship to the person who is named in the caption above as incapacitated or protected is (explain): _____
3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

 Signature

SUBSCRIBED AND SWORN to before me this date: _____ by _____
 (Month/Day/Year)

My Commission Expires: _____

 Deputy Clerk/Notary Public